

EXHIBIT



Accreditation Council for
Graduate Medical
Education

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April 15, 2014



Rhonda Osborne, MD
Residency Program Director
S U N Y Health Science Ctr at Brooklyn, Dept of Radiology
Box 45
450 Clarkson Avenue
Brooklyn, NY 11203

Dear Dr. Osborne,

The Residency Review Committee for Radiology-Diagnostic, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Radiology-diagnostic

SUNY Health Science Center at Brooklyn Program
SUNY Health Science Center at Brooklyn
Brooklyn, NY

Program 4203521143

Based on all of the information available to it at the time of its recent meeting, the Review Committee conferred the following adverse action:

Status: Probationary Accreditation
Maximum Number of Residents: 32
Effective Date: 02/03/2014
Approximate Next Site Visit: 03/02/2015

The decision to take an adverse accreditation action is based on the failure of the program to be in substantial compliance with the ACGME's Institutional and/or Program Requirements for Graduate Medical Education.

AREAS NOT IN COMPLIANCE (Citations)

The Committee cited the following areas as not in substantial compliance with the requirements as the basis for the adverse action.

EXTENDED CITATIONS

Resources | Since: 11/12/2009 | Status: Extended

Resources: The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in diagnostic radiology. The program must also provide the modern facilities and equipment required in all of the subspecialty rotations (Program Requirement: II.D.1).

The information technology staff support and computer access is inadequate. The residents identified the need for additional computers, improved software, and more workstations in the

SUNY 000682

Rhonda Osborne, MD
Page 2

clinical areas (SVR: 16, 48).

Continued Non-Compliance: 02/03/2014

- The Review Committee determined that the program has not corrected this previously cited area of noncompliance. At the time of the site visit, the program indicated that all of the systems and software were up-to-date at both the University Hospital of Brooklyn and the Kings County Hospital sites. The site visitor confirmed that although some updates have been made, the "PACS" system at the University Hospital of Brooklyn had not been updated due to the lack of a compatible EMR system in the hospital. At the time of the site visit, the hospital's plans to implement a new EMR were scheduled for the "near future".
(Site Visit Report pages 3-5, ADS Program Summary – Response to Previous Citations)

NEW CITATIONS

Responsibilities of Faculty | Since: 02/03/2014 | Status: New

Faculty Supervision Time
Program Requirement: II.B.1.a)

The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that the faculty do not devote sufficient time to fulfill their supervisory responsibilities. At the time of the site visit, it was noted that faculty supervision has been inconsistent as a result of the lack of time devoted by the faculty to their supervisory responsibilities. During the site visit interviews, there was consensus that "some faculty" do not "show up" for their scheduled supervision assignments and the program has not enforced adherence to the schedule. Subsequently, this inconsistent faculty supervision has prevented on-call residents from getting feedback on their cases because faculty members do not show up the next day for post-call film review. It has also caused other residents to "look for an attending" to review and sign-out their cases. Resident concerns regarding faculty supervision were substantiated by the program's 2013 Resident Survey results which showed a significantly low compliance rate for the questions related to sufficient faculty supervision.
(Site Visit Report pages 19-20, 2013 ACGME Resident Survey results)

Responsibilities of Faculty | Since: 02/03/2014 | Status: New

Adequate Faculty Supervision
Program Requirement: VI.D.2.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that the Review Committee was unable to determine whether an appropriate level of supervision is in place for all residents. The site visitor confirmed that overnight on-call shifts at both the University Hospital and the Kings County Hospital sites employ the use of remote supervision methods such as a tele-radiology service or at-home review of the radiology studies by the attendings. The site visitor noted that some residents indicated that "an in-house attending would be preferable at both sites" and that the lack of in-house supervision limits their education. Resident concerns regarding faculty supervision were substantiated by the program's 2013 Resident Survey results which showed a significantly low compliance rate for the questions related to sufficient faculty supervision.
(Site Visit Report pages 19-20, 2013 ACGME Resident Survey results)

Rhonda Osborne, MD
Page 3

Responsibilities of Faculty | Since: 02/03/2014 | Status: New

Faculty Interest in Education
Program Requirement: II.B.1.a)

The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that faculty do not demonstrate a strong interest in the education of the residents. The site visitor noted that there is disparity with regards to the faculty's interest in resident education and the quality of the didactic sessions they provide. The faculty within the subspecialty sections were noted to have a lack of coordination in their lecture topics and do not present the material as an organized curriculum. The site visitor also noted that resident opinions confirmed the disparity in faculty interest in education as some faculty members were deemed "excellent and dedicated to education", while other faculty members were deemed to "not care about teaching at all". This lack of interest has resulted in the cancellation of scheduled lectures. Resident concerns regarding faculty interest and dedication to education were substantiated by the program's 2013 Resident Survey results which showed a significantly low compliance rate for the questions related to faculty and staff interest in resident education. (Site Visit Report pages 19-20, 2013 ACGME Resident Survey results)

Other Program Personnel | Since: 02/03/2014 | Status: New

IT Support/Other Program Personnel
Program Requirement: II.C.

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that the technical support from information technology (IT) personnel is inadequate to facilitate the effective administration of the program. The site visitor confirmed that faculty and residents agree that IT support is inadequate and equipment repair is slow. At the University Hospital site, the number of IT staff is insufficient and at the Kings County Hospital site, the IT staff are often limited in their ability to resolve technical problems. (Site Visit Report page 5, ADS Program Summary – Response to Previous Citations)

Other Program Personnel | Since: 02/03/2014 | Status: New

Clerical Support/Non-Physician Service Obligations
Program Requirement: II.C.

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.
Program Requirement: VI.A.4.b)

The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that there is a lack of clerical support overnight. At the time of the site visit, it was confirmed with the residents that there is very limited clerical support provided overnight which has resulted in the on-call resident(s) performing non-physician, clerical duties such as faxing reports. (Site Visit Report page 22-23)

Rhonda Osborne, MD
Page 4

Responsibilities of Program Director | Since: 02/03/2014 | Status: New

Procedure Volume/Case Log Reporting
Program Requirement: II.A.4.p)

The program director must participate in the ACGME case log system. The logs must be submitted annually to the Review Committee office in accordance with the format and the due date specified by the Review Committee. The record must be reviewed by the program director at least annually; for residents beginning training in diagnostic radiology on July 1, 2010 or thereafter, data must be submitted for each resident only for the years of training preceding the ABR Core Examination (at end of PGY-4);

Program Requirement: II.D.4.

The program must provide a sufficient volume and variety of patients to ensure that residents gain experience in the full range of radiologic examinations, procedures, and interpretations. The number and variety of examinations and the length of rotations in each subspecialty area must be sufficient to ensure an adequate training experience. The program's volume must be no fewer than 7,000 radiologic examinations per year per resident. The number of examinations in each of the nine subspecialty areas must be of sufficient volume to ensure adequate training experience.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that the resident case log data did not demonstrate whether residents are provided a sufficient patient volume to obtain the procedural experience necessary to meet the minimum number of radiologic procedures required by the Review Committee. At the time of the site visit, the site visitor reviewed the case log data for "the most recent graduates" and found that they all reported numbers below the 25th or 50th percentile in every procedure category except Chest X-ray and CTA/MRA. Additionally, a review of the program's most recent 2013 graduate data submitted in the Case Log system for the August 15, 2013 reporting deadline indicated that procedural minimums were not met for Dr. Gonzalez-Pons and Dr. Raissi. Dr. Gonzalez-Pons did not meet the procedure minimums in the following five categories (listed as the "Total number reported/Category minimum"): Chest X-ray 1887/1900, CT Abdomen Pelvic 334/600, US Abdomen Pelvic 320/350, MRI Brain 76/110, and PET 15/30. Dr. Raissi did not meet the procedure minimum in the category of US Abdomen Pelvic 332/350. The program is advised to review the required Diagnostic Radiology Case Log Minimums currently posted on the Review Committee's webpage at: http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/420_DR_Case_Log_Minimums.pdf.

(Site Visit Report page 28, Annual Program Data - Case Log Minimums Report)

ACGME Competencies | Since: 02/03/2014 | Status: New

Timely Communication of Procedure Results
Program Requirement: IV.A.5.a).(1)

Residents should provide patient care through safe, efficient, appropriately utilized, quality-controlled diagnostic and/or interventional radiology techniques. The resident must communicate effectively and in a timely manner the results of procedures, studies, and examinations to the referring physician and/or other appropriate individuals.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that residents are unable to communicate results in a timely manner. At the time of the site visit, both residents and faculty agreed that the communication of procedure, study, and examination results to the referring physician and/or other appropriate individual(s) does not occur in a timely manner. The site visitor confirmed that while a remedy to improve this communication in the emergency department has been implemented, it remains a problem in other clinical areas since the only means of communicating back to the referring physician is a pager number and this limited communication is further complicated when the referring physician has left for the day. (Site Visit Report page 27-28)

Rhonda Osborne, MD
Page 5

ACGME Competencies | Since: 02/03/2014 | Status: New

Resident Competence/Communication Skills

Program Requirement: IV.A.5.d).(6)

Residents are expected to communicate effectively with patients, colleagues, referring physicians, and other members of the health care team concerning imaging appropriateness, informed consent, safety issues, and the results of imaging tests or procedures. Competence in oral communication must be judged through direct observation. Competence in written communication must be judged on the basis of the quality and timeliness of dictated reports

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. At the time of the site visit, there was no documentation provided to demonstrate whether the program had evaluated the residents' competence in oral communication skills using direct observation. There was also no documentation provided to demonstrate whether the program had evaluated the residents' competence in written communication skills based on the quality of dictated reports. (Site Visit Report page 32)

Evaluation of Residents | Since: 02/03/2014 | Status: New

Timely Resident Evaluations

Program Requirement: V.A.1.a)

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that faculty evaluations of the residents either do not occur or are not completed in a timely manner. At the time of the site visit, it was noted that although it is required by the program, not all faculty members complete resident evaluations and of those that are completed, many of them are not completed in a timely manner. The lack of evaluation and feedback after assignments was substantiated by the program's results on the 2013 Resident Survey that indicated significantly low compliance on the question related to feedback after assignments. (Site Visit Report page 36, 2013 ACGME Resident Survey results)

Evaluation of Program | Since: 02/03/2014 | Status: New

Resident Evaluations for Program Improvement

Program Requirement: V.C.1.d).(2)

The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement in that the Review Committee was unable to determine whether the program uses the residents' assessments of the program to make improvements. The results of the 2013 Resident Survey showed significantly low compliance on the question related to satisfaction with the program's use of evaluations to improve the program. The site visitor confirmed that residents agree that the program director listens to their comments and some changes have been made, but it was also confirmed that the low compliance rating on the survey was directly related to the "lack of a permanent Department Chair who can provide

Rhonda Osborne, MD
Page 6

leadership and effect meaningful change." (Site Visit Report page 38, 2013 ACGME Resident Survey results)

RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved:

Responsibilities of Program Director | Since: 11/12/2009 | Status: Resolved

Program Information Form: The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete (Program Requirement: II.A.4.f).

The PIF was inadequately prepared and included differing versions and omissions especially in the faculty roster and curriculum vitae. Twenty-three changes were required during the site visit (SVR: 3-6, 48).

Service to Education Imbalance | Since: 11/12/2009 | Status: Resolved

Service and Education: The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations (Program Requirement: VI.A.2).

Service needs take priority over education, especially when the residents are on-call. The burden of call requires better monitoring (SVR: 16, 49).

Resident Appointment Issues | Since: 11/12/2009 | Status: Resolved

Residents Appointments: A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion (Program Requirement: II.C.2.A).

A number of residents transferred from this program to other diagnostic radiology programs. In addition to concerns related to attrition from the program, one resident, who transferred to another program, left without his records being forwarded to his new program director (SVR: 48).

Institutional Support-Sponsoring Institution | Since: 11/12/2009 | Status: Resolved

Sponsoring Institution: One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites. The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program (Program Requirement: I.A).

Many citations from the previous Institutional Review have not been answered, even during

Rhonda Osborne, MD
Page 7

the radiology site visit (SVR: 19-21).

Qualifications of Faculty | Since: 11/12/2009 | Status: Resolved

Faculty Qualifications: The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the Review Committee (Program Requirement: I.B.2).

Dr. Carsaro is not certified by the ABR in spite of his having completed training in 1998 in the United States. Please identify when he plans to take the certification examination (PIF: 6; SVR: 25).

Responsibilities of Faculty | Since: 11/12/2009 | Status: Resolved

Faculty Responsibilities: The program must designate one physician faculty member to be responsible for the educational content of each of the nine subspecialty areas. This individual must practice at least 50% of his or her time in the subspecialty area, and must demonstrate a commitment to the subspecialty (Program Requirement: II.B.2.c).

According to the PIF, Dr. Waite, the chief of cardiothoracic radiology, spends only 30% of his time in the subspecialty area (PIF: 8).

Institutional Support-Participating Institution | Since: 11/12/2009 | Status: Resolved

Participating Institutions: There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years (Program Requirement: I.B.1).

Lutheran Hospital is listed as a training site for vascular interventional radiology; however, it is not included in the list of participating sites (PIF: 4, 47).

Subspecialty Programs

The following is a list of subspecialty programs associated with your program.

Subspecialty programs with ** preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will be issued a separate Letter of Notification.

LTR-4233531103 - Neuroradiology
Probationary Accreditation, Administrative - Effective: 02/03/2014
Citations: New - 0 Extended - 8 Resolved - 0

LTR-4273512109 - Vascular and interventional radiology
Probationary Accreditation, Administrative - Effective: 02/03/2014
Citations: New - 0 Extended - 3 Resolved - 0

All current residents and applicants (those invited for interviews) to the program must be

Rhonda Osborne, MD
Page 8

advised in writing of the program's status, and a copy of the appropriate written notification must be submitted to this office within fifty (50) days of the date of this letter, whether or not the action is appealed.

For information concerning appeal of this action, please see the document entitled "Procedures for Appeal of Adverse Actions", which immediately follows this letter.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely,



Felicia Davis, MHA
Executive Director
Residency Review Committee for Radiology-Diagnostic
3127557445
fdavis@acgme.org

CC:

Ian L. Taylor, MD, PhD
James P. Walsh, MD
Jaya Nath, MD, MBBS
Stephen Wadowski, MD

Participating Site(s):

Kings County Hospital Center
Lutheran Medical Center
SUNY Health Science Center at Brooklyn
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)

Rhonda Osborne, MD
Page 9

**ACGME PROCEDURES FOR APPEAL OF ADVERSE ACTIONS
EFFECTIVE DATE: JULY 1, 2013**

1. If the Review Committee confers an adverse action, the program or institution may request a hearing before an Appeals Panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt by the program or institution of the notice of adverse action, the action of the Review Committee shall be deemed final and not subject to further appeal.
2. If a hearing is requested, a panel shall be appointed according to the following procedures:
 - i. The ACGME shall maintain a list of qualified persons as potential appeals panel members to review programs.
 - ii. For a given hearing, the program or institution shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list. Within 15 days of receipt of the list, the program or institution shall submit its revised list to the Chief Executive Officer of the ACGME.
 - iii. A three-member Appeals Panel will be constituted by the ACGME from among the remaining names on the list.
3. When a hearing is requested, the following policies and procedures shall apply:

Nonetheless, upon receipt of a notice of adverse action, residents and any applicants who have been invited to interview with the sponsoring institution must be informed in writing as to the adverse action conferred by the Review Committee.

- ii. Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program or institution shall be notified of the time and place of the hearing.
- iii. The program or institution shall be given the documents comprising the program file and the record of the Review Committee's action.
- iv. The documents comprising the program or institutional file and the record of the Review Committee's action, together with oral and written presentations to the Appeals Panel, shall be the basis for the recommendations of the appeals panel.
- v. The Appeals Panel shall meet to review the written record and receive the presentations. The applicable Review Committee shall be notified of the hearing, and a representative of the Review Committee may attend the hearing in order to be available to the appeals panel to provide clarification of the record.
- vi. Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
- vii. The Appellant may be represented by no more than five individuals at the

Rhonda Osborne, MD
Page 10

- hearing.
- viii. The Appeals Panel shall not consider any changes in the program or institution or descriptions of the program or institution that were not in the record at the time when the Review Committee reviewed it and conferred the adverse action.
 - ix. Presentations shall be limited to clarifications of the record and to information which addresses compliance by the program or institution with the published standards for accreditation and the review of the program or institution according to the administrative procedures which govern accreditation of GME programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the Appeals Panel, but the presentation shall be limited to two hours. Any information, including presentations and audio-visual and written materials must be provided to the ACGME two weeks prior to the hearing.
 - x. The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
 - xi. The appeals panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter under appeal. The appeals panel, shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of GME programs.
 - xii. The appeals panel may recommend either upholding the Review Committee's decision or restoring the program or sponsoring institution to its previous status.
 - xiii. The appeals panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly-scheduled meeting.
 - xiv. The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.
 - xv. The Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the program/institution under appeal of the decision of the ACGME Board.
 - xvi. The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the appeals panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.